

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0851-0032
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **130.00****Complete if Known**Application Number **10/627,591**Filing Date **July 25, 2003**First Named Inventor **Andrew Clark**Examiner Name **Patel, Mital B.**Art Unit **3743**Attorney Docket No. **0029.10****RECEIVED****CENTRAL FAX CENTER****FEB 08 2006****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: **500348** Deposit Account Name: **NEKTAR THERAPEUTICS**

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
Multiple Dependent Claims		
Fee (\$)		
Fee Paid (\$)		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

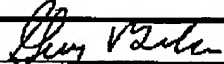
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge); Terminal Disclaimer Fee (extension fees authorized on separate sheet) **130.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	45,302	Telephone	650-620-5501
Name (Print/Type)	Guy V. Tucker	Date	February 8, 2006		

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TO: U.S. Patent and Trademark Office **FROM:** Guy V. Tucker

EXAMINER: Mital B. Patel **PHONE NUMBER:** 650.620.5501

FAX NUMBER: 571-273-8300 **FAX NUMBER:** 650.620.6395

PHONE NUMBER: **DATE:** February 8, 2006

RE: U.S. Serial No.: 10/627,591 **TOTAL NO. OF PAGES INCLUDING COVER:** 16
Docket No.: 0029.10

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE
RECYCLE

DOCUMENTS SUBMITTED

Transmittal PTO/SB/21
Amendment
Extension of Time PTO/SB/22, in duplicate
Terminal Disclaimer
Fee Transmittal PTO/SB/17, in duplicate

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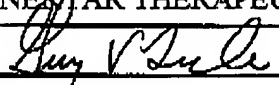
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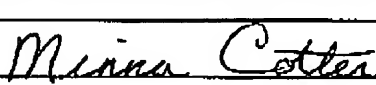
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TRANSMITTAL FORM	Application Number	10/627,591	RECEIVED CENTRAL FAX CENTER FEB 08 2006
	Filing Date	July 25, 2003	
	First Named Inventor	Andrew Clark	
	Art Unit	3743	
	Examiner Name	Patel, Mital B.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	0029.10
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Terminal Disclaimer and Facsimile Transmittal
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	NEKTAR THERAPEUTICS	
Signature		
Printed name	Guy V. Tucker	
Date	08 FEB 2006	Reg. No. 45,302

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Minna Cotter	Date	02/08/2006

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